

# Monhegan Lobster & Crab Harvesting 2015 Landings# \_\_\_\_\_

## Class I-II-III License Application

This form may be used to apply for or renew licenses. Please provide all information requested. Delays may result from incomplete applications.

\*\*\*



### Part A: Applicant Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_  
Weight \_\_\_\_\_ Driver's License \_\_\_\_\_  
If no driver's license - reason \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
(IF DIFFERENT THAN MAILING)  
Email \_\_\_\_\_  
Landline# \_\_\_\_\_ Mobile# \_\_\_\_\_  
Must list at least one phone number

### Part B: Fishery Information

License year January 1, 2015 – December 31, 2015

Check license requested, new or renewal, and requested zone and tag information where applicable. This license must be renewed each year. Exceptions provided under Title 12, §6310. License fees are non-refundable.

|                         | Renew                    | New                      | Fees   |
|-------------------------|--------------------------|--------------------------|--------|
| Class I                 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 246 |
| Class I – Under age 18  | <input type="checkbox"/> | <input type="checkbox"/> | \$ 65  |
| Class I – Over age 70   | <input type="checkbox"/> | <input type="checkbox"/> | \$ 66  |
| Class II                | <input type="checkbox"/> | <input type="checkbox"/> | \$ 493 |
| Class II – Over age 70  | <input type="checkbox"/> | <input type="checkbox"/> | \$ 246 |
| Class III               | <input type="checkbox"/> | <input type="checkbox"/> | \$ 728 |
| Class III – Over age 70 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 363 |

You **must** have held a 2014 license to qualify for these licenses or be eligible through the Apprentice Program. A Lobster Promotion surcharge is **included** in the license fee.

#### Declared Zone – D MI

Voting District (1-12) \_\_\_\_\_ District \_\_\_\_\_

You **must** select one voting district within your declared zone above which best represents the way you fish.

**The 2014 lobster trap tags will expire at the end of the 2014/2015 season in June of 2015. When you renew your license in 2015 for the 2015/2016 year – your tags will be for 2015 – and will not expire until June of 2016.**

Buoy Color Pattern \_\_\_\_\_

LOBSTER LICENSE NUMBER \_\_\_\_\_

### Part C: Supplemental Information

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court. **If you list a boat different from the one listed in 2014, or had a temporary registration in 2014, you must send a copy of the registration or documentation.**

**Vessel 1:** Boat Registration # / Doc # \_\_\_\_\_

Do you own this vessel? Y ☐ N ☐

Boat Owner's Name \_\_\_\_\_

Boat Length \_\_\_\_\_ Boat Name \_\_\_\_\_

Town of Primary Anchorage \_\_\_\_\_

No. of trap tags **you** are fishing from this boat \_\_\_\_\_

Do you hold a Federal Lobster Permit on this vessel?

Y ☐ N ☐

If yes, provide Federal Permit # \_\_\_\_\_

If yes, provide Federal Fishing Area(s) \_\_\_\_\_

**Vessel 2:** Boat Registration # / Doc # \_\_\_\_\_

Do you own this vessel? Y ☐ N ☐

Boat Owner's Name \_\_\_\_\_

Boat Length \_\_\_\_\_ Boat Name \_\_\_\_\_

Town of Primary Anchorage \_\_\_\_\_

No. of trap tags **you** are fishing from this boat \_\_\_\_\_

Do you hold a Federal Lobster Permit on this vessel?

Y ☐ N ☐

If yes, provide Federal Permit # \_\_\_\_\_

If yes, provide Federal Fishing Area(s) \_\_\_\_\_

**IF OVER THE LIMIT FOR TAGS, OR REQUESTING UNREGISTERED TAGS, YOU MUST COMPLETE THE SPECIAL CIRCUMSTANCE SECTION ON BACK. PLEASE SEE PART D.**

Pursuant to the Interstate Lobster Fishery Management Plan, you are bound by the most restrictive regulations that are in effect for all the federal areas you indicate above, regardless of where you are fishing.

**\*\*Sign and date in Part E:  
Certification on back.**



**Part D: Special Circumstance**

According to Chapter 25.08, Lobster Trap Tag System, any special circumstance must be made in writing and must be approved. Please complete this section if you are requesting a special circumstance. Your license will be imprinted with "SPECIAL CIRC - DOUBLE TAGGING" or "SPECIAL CIRC - UNREG TAGS". If your fishing circumstance changes during the year, you must send in your license with a written request for the new special circumstance. You may use Special Circumstance forms that are available at the Hallowell and Division Offices. Please call 207-624-6550.

☐ Double tagging Vessel #1 Reg/Doc# \_\_\_\_\_ Number of tags \_\_\_\_\_  
☐ Double tagging Vessel #2 Reg/Doc# \_\_\_\_\_ Number of tags \_\_\_\_\_  
☐ Unregistered tags Vessel #1 Reg/Doc# \_\_\_\_\_ Number of tags \_\_\_\_\_  
☐ Unregistered tags Vessel #2 Reg/Doc# \_\_\_\_\_ Number of tags \_\_\_\_\_  
☐ Unregistered tags No Vessel \_\_\_\_\_ Number of tags \_\_\_\_\_

Please list names of those who are double tagging on vessels listed above:

Please use lines below for explanation if needed:

**Part E: Certification / Signature**

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct and, if applying for a resident license, that I have read and understood the residency requirements listed below and meet those requirements.

Did you fish recreationally in tidal waters of the State of Maine last year? ☐ Yes ☐ No  
(answering yes will register you for recreational saltwater fishing for 2015)

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
Month Day Year (signature of applicant)

(Applicants under 18 must have a parent or legal guardian who also meets the residency requirements sign this form.)

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with this duty may result in a license suspension.

**§6306. Consent to inspection**

**1. Consent to inspection.** Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to submit to inspection and search for violations related to the licensed activities by a marine patrol officer under the following conditions.

- A. Watercraft or vehicles and the equipment located on watercraft or vehicles used primarily in a trade or business requiring a license or aquaculture lease under this Part may be searched or inspected at any time.
- B. Any other location where activities subject to this Part are conducted may be inspected or searched during the hours when those activities occur.
- C. A location specified in paragraph B may be inspected at any time if a marine patrol officer has a reasonable suspicion of a violation of this Part.
- D. No residential dwelling may be searched without a search warrant unless otherwise allowed by law.

**2. Seizure of evidence.** Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to permit seizure of evidence of a violation of marine resources laws found during an inspection or search.

**3. Refusal.** Refusal to permit inspection or seizure is a basis for suspension of any or all licenses under this chapter or revocation of aquaculture leases.

**Instructions:**

Complete the information in **Part A** on the front of this form. Check the license requested in **Part B** and calculate the total fees. Fill out all applicable information in **Part C**. If fishing a special circumstance, complete **Part D**. Read the **residency requirements** included on this document and **certify your application with your signature in Part E**. Enclose this document in an envelope along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone.** If you have questions call (207) 624-6550.

**Mail to: Licensing Division, Department of Marine Resources, 21 State House Station, Augusta, ME 04333**

**MUST MEET ALL RESIDENCY REQUIREMENTS UNDER TITLE 12, SECTION 6301**

**PAYMENT INFORMATION:**

**Credit Card - Check or Savings Payments:** I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA ☐ MasterCard ☐ Discover ☐ or checking /savings account the amount of what is being applied for on this application.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**MUST BE AS IT APPEARS ON CARD – PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION**

Card No. \_\_\_\_\_, CVV# \_\_\_\_\_ expiration date \_\_\_\_\_

Checking or Savings:

Name on Account \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

*First 9 digits on your check*

Checking or Savings Account Number \_\_\_\_\_

Check Number, if using checking acct \_\_\_\_\_

Your credit card and/or savings and checking accounts will be charged for what you have applied for on this application